

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38200

State File No. ....

Registrar's No. 119

Registration District No. 133

Primary Registration District No. 5490

1. PLACE OF DEATH:

(a) County Harrison  
(b) City or town New Hampton  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether)  
In this community 48 years  
years, months or days

3. (a) PRINT FULL NAME WILLIAM JEFFRIES KERLIN

3. (b) If veteran, name war. .... 3. (c) Social Security No. ....

4. Sex M 5. Color or race W  
6. (b) Name of husband or wife Betsy Anna Kerlin  
7. Birth date of deceased Oct 2 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 23 hr. min.

9. Birthplace Louisville Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer Retired

11. Industry or business.

12. Name Thomas J Kerlin  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Kerlin  
(b) Address New Hampton  
17. (a) Burial (b) Date thereof Oct 27 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Foster Cemetery  
18. (a) Signature of funeral director W. L. Tolle  
(b) Address New Hampton Mo.  
19. (a) 11-1-43 (b) Gale M. Burres  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison  
(c) City or town New Hampton  
(If outside city or town limits, write "RURAL")  
(d) Street No. City  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25  
year 1943 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from Oct 20  
1943 to Oct 25 1943  
that I last saw him alive on Oct 25 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Parenchymatous nephritis  
Due to.  
Due to.

Other conditions.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.

Of autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).  
(b) Date of occurrence.  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury.

23. Signature R. L. Green (M. D. or other) NO.  
Address New Hampton Mo. Date signed 10-26-43

505

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*W G Noble*

Licensed Embalmer No. *290X*

P. O. Address *New Hampton*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**